

The second case was that of a boy 12 years of age, who had poured some melted metal, (copper and silver) into a moist mould. The sudden evaporation of the water produced a violent jet, the metal was thrown into the boy's face, and one drop struck his left eye. Dr. A. did not see the patient until eight days after the accident, when he removed with a delicate pair of forceps, a thin plate of the metal of an oval form, with irregular edges, covering the eyeball. To Dr. A.'s great surprise, he found the eye uninjured, there being merely a slight vascular injection of the organ.

The third case was that of a child who was struck in the eye by a particle of hot iron which flew off from a bar on the anvil, and which entered the sclerotica about four millimetres from the internal border of the cornea. It penetrated so deep, as to require some force for its extraction. Nevertheless, and though it remained two days in the eye, there only resulted a partial chemosis and slight photophobia which speedily disappeared.—*Journ. de Med. et de Chirurg. Prat.* March, 1843.

---

49. *Foreign body in the Eye.*—M. D., an architect, brought his son to M. GUEPIN, in 1843. This boy had a fragment of iron in his eye, which extended from the cornea to the capsule of the crystalline lens, and almost touched the iris. It was impossible to grasp the fragment, and an incision would have been difficult, as it lay upon the upper edge of the pupil. M. Guepin accordingly devised the following remedy. He prescribed a collyrium made with distilled water and acetic acid, being persuaded that if the fragment became oxidized at the corneal extremity, the oxidation would spread over its whole surface, and that the dissolution and absorption of the fragment would follow. The event justified his supposition. At the end of three weeks, the cure was complete, with the exception of an almost imperceptible white point upon the capsule, and a very slight cicatrix on the cornea. In another case, the same collyrium was again used with success to carry off the oxide of iron left in the substance of the cornea by a fragment of iron which had remained in it a considerable time.—*Annales d'Oculistique.*

---

50. *Efforts of nature to form a pupil at that point of the eye where it will be most useful.*—Mr. J. B. ESTLIN, of Bristol, states that in examining eyes where central opacities of the cornea existed, he has been repeatedly struck with the appearance of the pupil, which he had observed to be of a long, narrow shape, as if the longitudinal fibres of the iris had been split for the purpose of producing an aperture exactly opposite the clear portion of cornea, so as to be in the most suitable part for distinct vision. He was inclined to attribute this to some accidental circumstance; and when it existed in persons in whom the opacity of the cornea was occasioned by external injury, he supposed it to depend upon the fortunate coincidence of a wound on that part of the iris at the time when the original injury was inflicted. But having remarked, with much interest, in operations for artificial pupil, that an aperture in the iris, made at some little distance from the clearest portion of cornea, will in time extend itself, so as to be exactly in the position he at first designed and wished it to be, he could have no doubt that occasionally, in other cases of opacity from disease, nature endeavours to remedy the evil by a similar effort.—*Prov. Med. Journ.*, Aug. 26, 1844.

---

51. *Anatomical researches on the excretory ducts of the lachrymal gland.*—M. GOSSELIN, dissector of the faculty of medicine of Paris, who has recently been engaged in some investigations, with the view of determining the exact number of the excretory ducts of the lachrymal gland, has never been able to find more than two ducts going directly to the gland; the others, six or eight in number, lead to the small glandulæ, or prolongations of the orbital gland, known to anatomists under the name of the palpebral portion of the lachrymal gland.

This fact, M. G. says, has a practical application. After several operations in which the lachrymal gland had been extirpated, it was remarked with surprise that the eye was still lubricated with the lachrymal fluid, and retained

its humidity and polish. This circumstance was owing, no doubt, to the integrity of the palpebral glandulæ, which, having separate excretory ducts, continued to supply the eye with a sufficient quantity of the lachrymal fluid to perfectly lubricate its surface. It is therefore evident, that whenever it is necessary to extirpate the lachrymal gland, there need be no fear entertained with regard to the integrity of the functions of the eye, if the glandulæ of the superior palpebra remain intact.

---

52. *Cyst in the orbital cavity.* By Dr. DORNBLUTH.—A girl, 22 years of age, was seized with a rheumatic affection of the eye, for which antiphlogistic remedies were employed. These relieved the symptoms, but in a few weeks the eyelids swelled, the eye became red and painful, and resisted all modes of cure. About four months afterwards she consulted Dr. Dornbluth. The pain in the eye was then so acute as to prevent sleep, and her body had wasted considerably. The eye was pushed out of its situation towards the temporal region, so as to be beyond the orbit. The eyelid, though stretched to its utmost extent, could not cover more than the half of the cornea; which, however, still retained its transparency. The iris was dilated and immovable, but the anterior chamber of the eye appeared natural. The most attentive examination could not detect the slightest alteration in the deep humours of the eye. Vision had been failing for about four months, but now the brightest sun's rays produced no effect on the eye; there was total blindness. The sclerotic conjunctiva was very red, swollen, and resistant, and formed a considerable projection. Behind and on the nasal side of the eyeball, projected a fleshy mass, of about the size of an egg, and extending from the middle of the nasal to the superior maxillary bone. This fleshy mass was exquisitely tender, was covered with a smooth membrane, and discharged copiously mucous fluid and tears. The girl's health was seriously affected; she was feverish, had thirst, and loss of appetite.

As the nature of the tumour was not at first recognized, and topical applications gave no relief, a puncture was made in it, from which a considerable quantity of transparent serous-looking fluid escaped, and continued more or less for two days, by which time a notable diminution of its size was observed. The aperture was then enlarged, and it was recognized that the tumour consisted of a cyst about two lines in thickness and two one-half inches in depth, which filled the whole of the orbital cavity and pushed the eyeball forwards. The cavity of the cyst was filled with lint, an abundant suppuration ensued, and the fifth day thereafter the membrane of the cyst was thrown off. The tumour diminished rapidly in size after this, and the wound healed over in eight days. The eyeball regained its normal position, and was again covered by the eyelid, which moved freely over it, but the eye never recovered its sensibility to light.—*Edin. Med. and Surg. Journ.*, Jan. 1844, from *Archives Générales*, April, 1843.

---

## MIDWIFERY.

53. *Artificial rupture of the membranes to accelerate delivery.* M. CHAILLY HONORE, communicated to the Medical Society of Paris a case of artificial and premature rupture of the membranes before the os uteri was dilated, in a case of threatening suffocation.

It has been laid down as a rule by obstetrical writers, that the membranes should not be ruptured, except when the os uteri was dilated or dilatable. M. Chailly thinks that, in some circumstances, it is advantageous to effect this rupture before the dilatation of the os uteri; but only in vertex presentations.

A woman affected with pneumothorax, and threatened with suffocation, had been twelve hours in labour, without any progress being made in the dilatation of the os uteri, notwithstanding the frequent and active contractions of the uterus. The head of the child presented. M. Chailly attributing the retardation of the labour to the resistance of the membranes, ruptured them. Ten minutes